



USEF COMPETITION INSURANCE FAQs

Q: What type of insurance do I need for my Competition?

A: The Federation requires each competition to have general liability insurance. This covers 3rd party bodily injury and property damage. Coverage should apply to participants (participant legal liability), volunteers, officials, spectators, etc.

Q: What are the required limits of insurance needed for the competition?

A: The Federation requires minimum limits of \$1,000,000 each occurrence third party general liability insurance and \$50,000 on equipment and property for each competition.

Q: Can the same certificate be used for all competitions?

A: Yes, the same certificate of insurance (COI) can be used. However it must list each competition by name and by date and have the insurance required in Chapter 3, GR303.6 for each event separately. (This must be designated on the certificate)

Q: Does the USEF recommend an insurance company?

A: No. USEF does recommend that you ensure the coverage you obtain includes participants, Licensed Officials, volunteers of your competition and spectators.

Q: What are set up and take down days?

A: The set up and take down days are usually the day before and day after the licensed date(s) of the competition.

Q: Do I need coverage for the set up and take down days?

A: Yes, all licensed competitions are required to have a set up & take down day included in their policy as required by Chapter 3, GR303.6

Q: When is the insurance due?

A: Insurance is due to the Federation on or before 15 days prior to the competition.

Q: I have General Liability why do I need property and equipment coverage?

A: This coverage is for all non-owned property as required by Chapter 3, GR303.6.

Q: What is an additional named insured?

A: Additional insured is a business that is named on the policy and has some rights as the Insured but is not responsible for the premium. In this case the additional insured is the United States Equestrian Federation, 4001 Wing Commander Way, Lexington, KY 40511

Q: What should I send to USEF as proof of insurance?

A: Your insurance company/or agent will provide the certificate of insurance to the Federation or the certificate can be sent by the competition.

Q: My show is just a local/lite show do I need to have insurance?

A: Yes, any local or lite show is required to have insurance as required by Chapter 3, GR303.6.

Q: How can I send my insurance to USEF?

A: You can send your certificate of insurance to the Federation by email (insurance@usef.org), by mail (USEF, 4001 Wing Commander Way, Lexington, KY 40511), by fax (859-721-1151), or online through your competition dashboard.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TBD	SAMPLE CERTIFICATE	CONTACT NAME:	
		PHONE (A/C. No. Ext):	FAX (A/C. No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : A Rated Insurance Carrier	
		INSURER B :	
INSURED Event Organizer		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		ToBeDetermined	01/01/2023	01/01/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/> Participant Legal Liability						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Sexual Abuse & Molestation						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input checked="" type="checkbox"/> OTHER: Event							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is listed as additional insured for general liability per required written contract

Competition Name
Licensed dates
USEF competition ID
Set up/Take days included**CERTIFICATE HOLDER**United States Equestrian Federation
4001 Wing Commander Way
Lexington, KY 40511**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SIGNATURE

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